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TO: Marceau Milord  
Examiner, Art Unit 2682

FAX NO.: 703 872 9306


FROM: Michael T. Cruz

CLIENT: 1772

MATTER: 15258US07

Number of Pages This Transmission (Including Cover Page): 11

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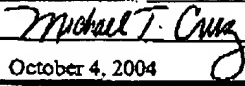
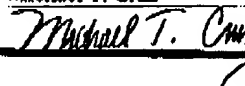
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/699,040							
		Filing Date	October 27, 2000							
		First Named Inventor	Ahmadreza Rofougaran							
		Group Art Unit	2682							
		Examiner Name	Marceau Milord							
Total Number of Pages in This Submission	10	Attorney Docket Number	15258US07							
<b>ENCLOSURES (check all that apply)</b>										
<table border="1"> <tr> <td> <input checked="" type="checkbox"/> Fee Transmittal Form (1 Page)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (7 Pages)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Exten. of Time Request (1 Page)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO 1449/08A with references  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         </td> <td> <input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s) (      sheets)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD Number of CD(s) _____         </td> <td> <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Return-Receipt Postcard  <input type="checkbox"/> Other Enclosure(s) (please identify below):         </td> <td rowspan="2">         Remarks       </td> </tr> <tr> <td colspan="3">         (Empty space for additional remarks or notes)       </td> </tr> </table>				<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (7 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Exten. of Time Request (1 Page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (      sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	Remarks	(Empty space for additional remarks or notes)		
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(Empty space for additional remarks or notes)										
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>										
Firm or Individual Name	McAndrews Held & Malloy, Ltd.									
Signature	 (Michael T. Cruz)									
Date	October 4, 2004									
<b>CERTIFICATE OF FAX TRANSMITTAL</b>										
I hereby certify that this correspondence is being sent via facsimile to Marceau Milord, an Examiner of the United States Patent and Trademark Office, at (703) 872-9306 on October 4, 2004.										
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636							
Signature		Date	October 4, 2004							

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<b>FEE TRANSMITTAL</b> for FY 2004  Patent Fees are subject to annual revision.		<b>Complete if Known</b>	
		Application Number	09/699,040
		Filing Date	October 27, 2000
		First Named Inventor	Ahmadreza Rofougaran
		Examiner Name	Marceau Milord
		Group Art Unit	2682
		Attorney Docket No.	15258US07
TOTAL AMOUNT OF PAYMENT		(\$) <b>110.00</b>	

<b>METHOD OF PAYMENT</b> 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: <b>13-0017</b> Deposit Account Name: <b>McAndrews Held &amp; Malloy</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		<b>FEE CALCULATION (continued)</b> <b>3. ADDITIONAL FEES</b>																																																																																																																																																					
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Telephone	(312) 775-8084
		Date	October 4, 2004

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